DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☑ Declaration OR Submitted with Initial Filing

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		8521 (OL)				
First Named Inventor		Richard A. Pineau				
COMPLETE IF KNOWN						
Application Number	/					
Filing Date	December 18, 2001					
Group Art Unit		TBD				
Examiner Name		TBD				

As a below named inventor, I hereby declare that:								
My residence, post office	My residence, post office address, and citizenship are as stated below next to my name.							
I befieve I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled. METHOD AND APPARATUS FOR PRINTING REMOTE IMAGES USING A NETWORK-ENABLED PRINTER								
the specification of which (Title of the Invention)								
	is attached hereto							
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have	reviewed a	nd understand the	contents of the above ide		n, including the o	- ' ' ' '		
amended by any amendn	ent specific	cally referred to abo	ove.			ł		
I acknowledge the duty to	disclose in	formation which is	material to patentability a	s defined in 37 CF	R 1.56.			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	,	Country	Foreign Filing Date	1		Copy Attached?		
Number(s)	+	Country	(MM/DD/YYYY)	Not Claimed	YES	NO		
None	None None							
110110								
	<u> </u>		L					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto								
I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below.								
Application Numb	Application Number(s) Filing Date (MM/DD/YYYY)							
None N		Vone	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached heret

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U S C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose and the national application in 37 CFR 1.56 which became available between the filing date of the prior application. and the national or PCT international filing date of this application. **U.S. Parent Application or PCT Parent** Parent Patent Number **Parent Filing Date** Number (MM/DD/YYYY) (if applicable) None Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith:

Customer Number Place Customer Number Bar Code OR Registered practitioner(s) name/registration number listed below Label here Registration Registration Name Number Number Orlando Lopez 46,880 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to:

Customer Number OR X Correspondence address below or Bar Code Label Orlando Lopez Name Polaroid Corporation Address 784 Memorial Drive Address Cambridge MA 02139 City State U.S. Telephone 781-386-6063 781-386-6435 Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Richard A. Pineau Inventor's Signature 11-20-01 Date No. Andover US MA US Residence: City Country 395 Chestnut Street Post Office Address Same Post Office Address No. Andover MA 01845 US

City

Additional inventors are being named on the

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Please type a plus sign (+) inside this box →	+	Approved for use through 9/
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	nal Joint Inventor, if any:				A petitio	on ha	as been filed	for this	unsigned	inver	ntor
Given Name (first and middle [if any])				Family Name or Surname							
Sandra B.				Lawrence							
Inventor's Signature	Gars	2_							Date	η	120/01
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City	Brookline	State	MA		ZIP	024	46 c	ountry	U.S.		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Na	ame (first and middle [if any])						Family Nam	e or St	urname		
Inventor's Signature								····	Date	е	
Residence: City		State			Countr	у			Citizen	ship	
Post Office Address											
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City		State			ZIF	,		Coun	try		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature					- 	1			Da	te	
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